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ABSTRACT

This report is designed to assist teachers in California who work with children who have been exposed to drugs before birth by providing these teachers with a catalogue of sources for support and information about how to reach and teach the children, and how to anticipate and confront behavior problems. The report contains a list of 30 federal, state, regional, county, city, school district, and other programs that can aid teachers. Each entry contains the name of the agency or program, a short description of its activities, and a telephone number to call for more information. A list of six publications is also provided. Six appendixes to the report provide: (1) information about the U.S. Department of Health and Human Services Office for Substance Abuse Prevention's National Resource Center; (2) a copy of the California Association of School Psychologists' position paper, "Children Prenatally Exposed to Substances"; (3) information about the Special Education Innovation Institute; (4) a list of California's 21 regional centers that help individuals obtain health and social services; (5) a copy of a position statement entitled, "California's Critical Need for Services for Drug-Exposed Infants and Their Care Providers"; and (6) a list of 72 resource agencies and organizations provided by the Clearinghouse for Drug Exposed Children. Four overheads for presentation of material in the report are attached. (MDM)

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Prenatal Drug Exposed Children:

Support for Classroom Teachers

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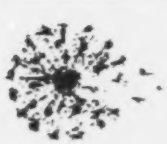

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Prenatal Drug Exposed Children: Support for Classroom Teachers

Introduction

We became interested in prenatal drug exposed children as a result of our work with primary grade teachers. We were hearing from teachers that children with language delays, attention deficits and behavior problems (especially difficulty with change and transition, sporadic focusing on task, difficulties with social cues and social relationships) were being assigned to regular classrooms and that these children often created classroom management problems. Many of the teachers noted that there seemed to be similar behavior and learning difficulties but the level of severity differed child to child. Children with these problems often were not eligible for special education.

Teachers were concerned about how best to reach and teach these children and how to anticipate and confront problem behaviors. We were asked if we could identify sources of information that classroom teachers could consult for help in working with these high risk students.

Our search led to the preparation of this booklet. Through this process we discovered that there is very little help out there for classroom teachers. There are several reasons for this:

1) The problem is relatively new and most efforts have been concentrated in the first age groups affected - prenatal to age three;

2) Current economics - and more specifically, the funding crisis in education - has left scant resources for research and development efforts at the state level;

3) Because this is both a medical/health and an education issue, several agencies are involved from nursing, psychology, special education, early education to juvenile justice. Each of these

specialties has been working on a piece of the problem most closely linked to its expertise but little has been done to coordinate or communicate mutual effort or interest beyond the preschool level;

4) Because so little research and development has been done on effective classroom strategies, teacher training has been all but ignored.

Teachers interested in descriptive information can find a considerable amount of written literature - some are mentioned in the bibliography at the end of this booklet. This information usually comes from a medical perspective and explains the range of characteristics and the difficulty in attributing these characteristics to prenatal drug exposure.

Teachers interested in literature and training on prevention and methods of teaching prevention to elementary through high school aged students can find excellent resources through several California agencies. Many of them are listed in this booklet.

Information on preschool programs, early intervention and parenting support is also readily available. There are several trainers within California and nation-wide who offer training for caregivers, parents, foster parents and preschool teachers on working with these high risk infants and toddlers.

Workshops and written materials that can assist teachers in designing and implementing educational interventions and classroom management strategies for prenatally exposed elementary grade children are sadly lacking. There are very few workshops targeted directly to these issues and very little written material that goes beyond preschool and kindergarten.

Several school districts throughout the state are working on such programs, developing through trial and error, strategies that work with elementary grade children. Many of their strategies are borrowed from special education and preschool education and many of them are unique

to the needs of the particular school or area. Much of this work is being done with teams of teachers, nurses, psychologists, parents and counsellors and much of it is volunteer work with a little grant support.

We have tried to list some of these programs here. This is not a comprehensive list and we are certain it will change, and hopefully grow, with time.

We have also included some federal and state resources and private non-profit and for-profit agencies that have demonstrated an interest in classroom support for elementary grade teachers working with drug exposed children. Again, this is not a comprehensive list, but is intended to serve as a starting point for your investigation of support services.

A special thank you to Linda Legac who helped in the preparation of this report.

Yolanda Bellisimo, Research Associate
Beryl Buck Institute for Education
415 883-0122

Federal Programs

U.S. Department of Health and Human Services Office of Substance Abuse and Prevention (OSAP)

OSAP has provided funding for projects in California through LEA's and health service agencies offering special support to drug exposed children and their parents and caregivers. However, these funds are generally grant administered and of limited duration. OSAP encourages coordinated services among school, social service and health agencies through its funding priorities. OSAP has funded pilot sites that are developing education programs for prenatally exposed children.

OSAP recently funded the National Resource Center for the Prevention of Perinatal Abuse of Alcohol and Other Drugs which will serve as a clearing house and information resource about training programs, prevention programs, health programs, and education services geared toward prenatally exposed children. A one page fact sheet on the National Resource Center is attached to this booklet as Appendix A.

Phone: **703 218-5600**

U.S. House Select Committee on Narcotics Abuse and Control

The House Select Committee on Narcotics, which is chaired by Charles Rangel (D-N.Y.), conducted two hearings during the past year that dealt with prenatally drug exposed children: one in September of 1991 on neonatal health issues, and the other in June of 1991 on education. Copies of the hearings can be ordered by calling the contact number listed below.

Contact: **House Select Committee on Narcotics**
Phone: **202 226-3040**

Statewide Resources

California Association of School Psychologists (CASP)

CASP's April, 1992 convention in San Francisco included an invited address and a workshop on prenatal exposure and its implications for classroom teachers. A copy of the workshop audio tape "Prenatally Drug Exposed Children: Practical Multidisciplinary Implications for Regular and Special Education" can be ordered through CASP by calling the contact number listed below. CASP has published a position statement regarding the education of prenatally exposed children and a copy is included as Appendix B of this booklet. Offices of CASP are located in Millbrae, California.

Contact: Nancy Harris - Phone: 415 697-9672

Department of Alcohol and Drug Programs

The Department of Alcohol and Drug Programs, Office of Perinatal Substance Abuse provides case management and treatment programs for pregnant and parenting women, coordinates local perinatal coalitions and provides technical assistance to drug treatment programs, child welfare service agencies, and health care professionals, and offers general information to the public on drug treatment and prevention. The Department also operates the California Prevention Resource Center, a resource library, outreach and technical assistance program for prevention information and training materials. The Prevention Calendar lists California seminars, workshops, and conferences on prevention issues. These resources can be helpful in learning more about prenatal drug exposed children. However, the Department does not offer training on classroom strategies for PED.

Contact: Carrie N. Pierce - Phone: 916 322-6829

Department of Education

The Department of Education has several offices currently involved in providing preventative services and workshops on drug abuse, and training and educational resources on teaching drug exposed children. Within the department, the Child Development Division trains preschool and child care providers, the Healthy Kids, Healthy California Unit provides prevention training, and the Special Education division offers training in parent education and classroom management strategies. Services provided by each of these divisions is described in more detail below.

Child Development

SB668 has authorized the Child Development division to issue a Request for Proposals (RFP) for contractors who will develop training programs and written/video materials for preschool teachers and child care providers who work with prenatal drug exposed children. The target date for announcing the RFP is April with program implementation planned for the 1992-93 school year. The child care portion of the proposal is expected to develop workshops and materials for day care providers and teachers who work with children of elementary age.

Contact: Susan Thompson - Phone: 916 324-8296

Healthy Kids, Healthy California

Healthy Kids, Healthy California is a Division of the California Department of Education. The Division offers in-service training sessions about the prevention of acquired birth disorders and developmental disabilities to teachers, administrators, nurses, parents and support staff. The training program is called Healthy Kids, Healthy Generations and is aimed at helping school staff educate students about the prevention of birth defects and disorders - especially pregnant students. Workshops are free to school staff and members of the school community. Offices are located in Sacramento.

Contact: Margaret Park - Phone: 916 657-2810

Special Education

The Special Education division of the California Department of Education has several programs and services for perinatal drug exposed children and their families:

1. Infant Preschool Programs provides technical assistance, training and resources to preschool programs that serve special education children birth to five. Many of the families served through this unit have prenatal drug exposed children. Special assistance is given to parents so that they can advocate on behalf of their child once the child has reached school age. The unit also works to coordinate various services provided to these families.

Contact: Sally Hinton - Phone: 916 657-3515

2. Special Education Innovation Institute offers training for teachers on early intervention, prevention, assessment and service delivery for special education students. On occasion the Institute has offered a course on strategies for classroom management with students who may have been prenatally exposed to drugs called "Young Children Prenatally Exposed to Drugs". The presenter was Carol Cole. Classes are generally 3 to 5 days. Three day classes cost about $185 and five day workshops cost about $325. A copy of the course description and general information about the Institute is included in Appendix C.

Contact: Mr. Chris Watson - Phone: 916 641-5855

3. Resources in Special Education (RISE) is a joint special project of the division of Special Education and California State University, Sacramento. RISE provides special education publications including Marie Paulsen's "Schools Meet the Challenge: Educational Needs of Children Exposed to Drugs." For a listing of other published materials call the number listed below.

Contact: RISE - Phone: 916 641-5925

Department of Developmental Services

Developmental Services provides services for children and adults with developmental disabilities through 21 private, nonprofit regional centers throughout the state. The department, through their Office of Prevention and Children's Services, offers diagnostic services, counseling, placement and referrals for high risk infants and children. They do not provide direct training for classroom teachers. However, some centers offer occasional informational seminars and training on developmental disabilities including those resulting from drug exposure. Specific information about some of the regional centers is listed under Regional Programs below. A list of regional centers is attached as Appendix D.

Contact: **Dr. Mary Lou Hickman or Barbara Tyson**
Phone: **916-654-1951**

Contact: **Leslie Murphy**
Phone: **916 654-2199**

Department of Social Services

Family and Children Services Policy Division within Social Services has developed a Model Needs Assessment Protocol for health and child protective services agencies who deal with families of drug exposed children. The Bureau is also funding pilot projects for recruiting and training foster parents who have prenatally exposed children in their care.

Contact: **Sharon Miller - Phone: 916 657-2044**

Infant Development Association

The Infant Development Association is a private, nonprofit organization of professionals working with children under three who may have developmental difficulties. The Association, in collaboration with the Perinatal Substance Abuse Council of Los Angeles and the California First Chance Consortium, issued a Position Statement in 1989 titled "California's Critical Need for Services for Drug-exposed Infants and Their Care Providers." A copy of the position statement is attached as Appendix E.

Contact: **Nancy Sweet, Child Development Center**
Children's Hospital, Oakland
Phone: **510 655-9521**

Regional Programs

NORTHERN CALIFORNIA

Clearing House for Drug Exposed Children

The Clearing House for Drug Exposed Children is a division of the Behavioral and Developmental Pediatrics Department at the University of California, San Francisco Medical Center located in San Francisco. Psychologists associated with the clearinghouse recently offered a one night class called "Teaching the Drug Affected Child" for Bay Area teachers, counselors and school nurses. Although these presentations are not a regular function of the Clearing House, staff does serve as a resource on teaching issues for members of the education community. The Clearing House offers referrals and resources, some programs and training, newsletters and bibliographies. The Clearing House has a data base listing over 300 regional and state-wide resource centers and is currently seeking funding in order to publish a resource guide gleaned from the data base. A Clearing House listing of resource agencies for education is attached to this booklet as Appendix F.

Contact Person: Laura McKinney, Director - Phone: 415 476-9691

Diagnostic Center for Neurologically Handicapped Children

The Diagnostic Center for Neurologically Handicapped Children is located on the San Francisco State campus. The facility provides diagnostic and assessment services for special education students, and inservice training and technical assistance to school districts located within its service area. The Center is part of the State Department of Education. This center serves the northern 35 counties. The center is just completing a research project (Classroom Intrauterine Drug Exposed Research Study - or CIDERS) with a group of 3-4 year olds and hopes to develop an assessment tool for school counselors and video tapes that would identify primary risk factors. The Center was studying the children in classroom

environments from an attachment theory context. The assessment is intended as an observation tool and behavior rating for attachment, low levels of knowledge development, peer relations, and low moral development. The project funding will end in the spring and the class is no longer operating. As a part of the classroom study, the Center organized and operated a group dialogue for local educations, political representatives and health professionals - this too ended with the completion of the CIDERS project.

Contact: **Mary Anne Nielsen; Irene Nystrom-Durkin; Dru Sarin**
Phone: **415 469-6217**

Regional Centers

The Regional Centers (there are 21 throughout the state) serve as umbrella agencies for needs assessment and coordination of services for children and adults who are developmentally disabled. The centers contract with the State Department of Developmental Services to assess clients and assign treatment. Services may come from different agencies—from career training programs to special education—if the client qualifies. Many of these services will be provided by local agencies and paid for by the state. Teachers can recommend to families that children be assessed at the regional center in their area. A list of regional centers is attached as Appendix D.

Bay Area Centers

The Golden Gate Regional Center, the Regional Center of the East Bay in Oakland, and the North Bay Regional Center in Napa are supported by the Department of Developmental Services and offer clinical and diagnostic services for high risk children. The Centers provide training in the Bay Area for care providers with developmentally disabled children.

Regional Center of the East Bay in Oakland - Phone: 510 451-7232

Golden Gate Regional Center in San Francisco - Phone: 415 546-9222

North Bay Regional Center in Napa - Phone: 707 252-0444

CENTRAL CALIFORNIA

Diagnostic Center for Neurologically Handicapped Children, Fresno

The Diagnostic Center for Central California is in Fresno and does offer inservice training and presentations for teachers, counselors and nurses. The Center offers training on strategies for working with prenatally exposed children and their parents. The Center also offers neurological exams. The philosophical premise of the Center stresses programs that use a developmental therapy mode. Participants are taught strategies for helping children in deficit areas assuming that other areas of development will not progress if one area is greatly dysfunctional. The training concentrates on: behavior, communication, social/emotional, and pre academic/academic. The Center does not believe that it is necessary to isolate perinatal drug exposed children in a special classroom. With training in special classroom strategies, teachers can provide help for these children so that the children can work cooperatively with other students and adults. The training focus is on strategies for dealing with emotional difficulties, as that seems to be the major deficit for these children.

Contact Person: **Barbara Kaiser Tilley - Phone: 209 445-5982**

SOUTHERN CALIFORNIA

Perinatal Substance Abuse Council of Los Angeles

The Substance Abuse Council is a nonprofit agency that advocates for children prenatally exposed. Members are from law, social services, education and health. The group meets monthly to network and problem solve on issues related to prenatal exposure. The Council offers training to Department of Children's Services staff. Training consists of information on assessment and strategies for working with these children. The Council is developing a resource directory on services in the Los Angeles area. The Council was involved in the preparation of the 1989 Position Statement found in Appendix E.

Contact: **Helen DuPlessis, M.D. & Marie Paulsen, Ph.D. Chairs**
Phone: **213 667-1410**

University of California, Irvine

The Department of Education at UC Irvine is currently working on a project with the California Department of Education to determine frequency and needs of drug exposed children in state contracted preschools. The University, working with the U.S. Department of Education's Drug Free Schools and Communities Division, offered a two week summer institute in 1991 for California teachers who may have drug exposed children in their classrooms. This summer's institute will offer one week to counseling staff on prevention and one week for a trainer of trainers program. Trainers are then expected to train teachers who work in regular classrooms with substance exposed children. In addition to the summer institute, Suzanne Miller, through the University's Department of Education, offers inservice training and presentations to school districts about classroom strategies for working with prenatal exposed students in grades K to 12. If you are interested in the summer institute, call the contact number after April.

Contact: **Suzanne Miller - Phone: 714 725-2670**

County and School District Programs by County

We called both county offices of education and some local school districts within those counties. We did not canvas all counties or all school districts but tried to get a sampling of small to large counties, rural to urban, and low to highly impacted districts. The general pattern showed little to no actual coordination at the county schools level, although county special education personnel usually knew which schools/districts were offering special programs and/or training for teachers. Some exceptions to this are Los Angeles County and San Francisco. In at least one case, San Diego, special classroom support is coordinated among the schools at the district level with resources also available from the county.

The most heavily impacted schools are the ones most likely to have well-developed programs for students and teachers. These programs seemed to discourage special education placement, pull out programs and labeling and depended instead upon teacher inservice with the participation of counseling and school nursing staff. There are different configurations of service: teacher workshops at the teacher's request; district or school-wide workshops offered to all classroom teachers; teams that include teachers, counselors and administrators, developing classroom programs; special education staff working within regular classrooms; or any combination of the above.

In low impacted areas there seemed to be more of a tendency to assign these children to special education or to use pull-out counseling and remediation support.

Alameda County

Although Alameda is one of the most highly impacted counties in the state it does not have an all-county program for drug-exposed, school

aged children – preschool placement, special screening, referrals, or teacher training. Special services for these children and their teachers are provided district by district if at all. In all cases within the county, children are not singled out as drug exposed. A child's particular needs are determined individually and generally through special education services.

Oakland Unified School District

Youngsters with high risk behaviors are generally identified in preschool and given special services through the district's preschool programs. However, there is no district-wide plan or program for the elementary grades. The psychologist at Horace Mann school in Oakland has been working on an experimental project funded by the Office of Criminal Justice. The project is testing non-traditional interventions to help high risk students cope with their strong reactions to stimuli. Over arousal seems to be a major difficulty for these children and the team of school nurse, psychologist, special education and classroom teachers, preschool teachers and social workers are trying relaxation techniques to help high risk children block out stimuli. Elizabeth Rebensdorf offers inservice training to other schools in the district for all grades. The team has also presented their training techniques at CASP.

Contact: Elizabeth Rebensdorf - Phone: 510 836-8481

Contra Costa County

Contra Costa County does not provide special services to districts for drug exposed students. Special education programs are left to the individual districts.

Richmond Unified

Richmond Unified evaluates high risk children for special needs before the children enter regular classroom situations. Children are tested for learning problems and may be placed in special education. There is no specific program for drug-related learning difficulties. However, training on classroom intervention strategies for drug exposed students is offered to K-4 teachers, by Diana Jorgensen.

Contact: **Diana Jorgensen - Phone: 510 374-3665**
Liz Krahlman - Phone: 510-222-2161

Fresno County

The Fresno County Office of Education does not offer special services for drug exposed children but does work with the team at Carver School and assists in providing information about the program.

Contact: **Sandy Day, Fresno County Office of Education**
Phone: **209-265-3026**

Fresno Unified

A few years ago, Carver School in the city of Fresno, began to see profound changes in the young children entering school. Many of these children seemed to be exhibiting symptoms of prenatal drug exposure. The school estimates that about 30-40% of its kindergartners may have been prenatally exposed. At the end of one school year about half the kindergarten class was recommended for retention. Rather than continue to retain students, Carver began a pilot kindergarten program in the fall of 1990 with funds from the tobacco tax. The kindergarten teachers, school nurse, and a family-child counselor began gathering information about medical, social and behavioral problems of drug exposed children. The team attended NAPARE training, participated in state conferences

and workshops, and visited Slavin School in Los Angeles. They began to develop strategies for working with high risk students and restructured their classrooms and their teaching methods to meet the needs of these students. Although the goal was to keep these children out of special education, the team recognized that they were beginning to use a lot of special education strategies in the regular classrooms. Ultimately, the team developed materials for their own presentations and began providing in-service for teachers from other Fresno schools.

Contact: **Kathleen Gropp, school nurse; Nancy Simpson & Marceen Farsakian, kindergarten teachers; Patricia Carver counselor to the Carver School team**
Phone: **209 441-3058**

Contact: **Anna Phillips, Director of Health Services for Fresno Unified School District**
Phone: **209 441-3319**

Lassen County

Dotty Dixon, an infant/toddler teacher and speech and language specialist, worked as a mentor teacher on a project developing resources for teachers who have drug exposed students in their classes. Dottie has become the resident resource for teachers in this rural, northern California county. She offers support to all the schools - especially in the area of language delay and speech difficulties.

Contact: **Dotty Dixon - Phone: 916 257-2196**

Los Angeles County

Los Angeles has taken a leadership role in networking and sharing information across agencies and across school districts in the area of prenatal drug exposure. The County Office of Education hosted a symposium in February, 1992, "Prenatal Substance-Exposed Children: The Schools Respond" for teachers, administrators and support staff in the Los Angeles area. The symposium brought together educators, health and medical professionals to discuss issues and strategies for

teaching drug exposed children. The Los Angeles County Office of Education maintains an Inter-Divisional Perinatal Substance-Exposed Children's Committee with representatives from special education, preschool, Head Start, research, county programs, and the county board. The Division of Alternative Education has a Perinatal Substance-Exposed Children's Program.

Contact: **Roberta Savage, Coordinator Preinatal Substance-exposed Children's Program**
Phone: **310 940-1812**

Los Angeles Unified School District

The Los Angeles Unified School District, through their Division of Special Education, maintains a Pre-Natally Exposed to Drugs Program (PED). This pilot project developed preschool and early elementary programs for students prenatally substance exposed and has helped to transition these children to regular classrooms.

Several schools in the Los Angeles area have been involved in the PED pilot program - the most notable is the Salvin School. Several more schools are in training with teachers from the experimental schools. About 145 teachers from 35 Los Angeles City schools are currently undergoing extensive training on dealing with high risk children. The main focus is on prenatally drug exposed children from preschool to kindergarten. Funding for the training comes from the federal Department of Education Drug Free Schools.

One Hundred Second Street Elementary and Seventy-Fifth Street School serve a high population of children and mothers with drug difficulties. These schools offer extensive outreach to parents and families and transition to regular classroom for drug exposed children. Both schools are a part of the PED program.

Contact: **Marci Schoenbaum or Vicky Ferrara**
Phone: **213 731-0703 - 213 971-8885**

Salvin School is perhaps the best know resource and experimental center developing teaching strategies for substance exposed children. The school is a special education facility and handles special needs of the severely handicapped ages 3 to 22 years. Carol Cole, who currently provides state-wide training and consulting on classroom strategies for drug exposed children, was a founding member of the PED team at Salvin School.

Contact: **Mary Jones, Preschool Special Education Teacher**
PED Pilot Program
Phone: **213 731-0703**

Monterey County

"A Time for Kids" is operated through the Prevention Programs unit of the Monterey County Office of Education and provides support for children of alcoholic or other drug dependent parents. This kind of support can be very beneficial for drug exposed children who are still living with active drug users. The project is school-based and is funded through Drug, Alcohol, Tobacco Education Programs. A three day training for school personnel provides technical assistance, materials and manuals for initiating the program in local schools.

Contact: **Bee Souza - Phone: 408-755-0341**

Orange County

Orange County has three programs for drug exposed preschool children: PATIENCE, the Speech and Language Development Center, and Project HOPE. PATIENCE is a multi-disciplinary child development and social service project provided by the Orange County Department of Education, the Department of Social Services, and the Health Care Agency of Orange County. PATIENCE works with drug addicted mothers and children, prior to birth to age 36 months, combining a drug recovery program with parenting classes and early education day care. The Speech and Language Development Center in Buena Park provides special education services to neurologically impaired children who may have been drug exposed. Project Hope, through UC Irvine, assess drug exposed children and offers referrals for treatment.

Contact: **Jackie Cook, R.N. - Phone: 714-530-8660**

Riverside County

Riverside County maintains a comprehensive substance abuse program through a perinatal substance use coalition and a parenting program with on education and awareness component. Programs are administered under DATE, or Drug Alcohol Tobacco Education. DATE is active in 23 school districts county-wide. Each program receives state funds. Through the DATE program, teachers are trained in identifying children who may have been exposed to drugs. Student Assistance Training (SAT) is a five day training for San Bernadino and Riverside County schools that helps teachers identify risk factors of their drug using or drug exposed students. SAT also provides written resources designed to help teachers work with drug exposed students and their families.

Contact: **Ms. Pat Sheehan, Coordinator for Health Programs for Riverside County**
Phone: **714 369-6322**

Contact: **Christine Ridley**
Comprehensive Health Services Coordinator
Phone: **714 788-6648**

Sacramento County

The Prevention Center provides curriculum guides for pregnancy and parenting teens and training for drug abuse prevention. The Center offers training to those involved with the schools; parents, teachers, and administrators. However, materials and training are mainly preventative and descriptive and do not focus on strategies for classroom instruction of drug exposed children. **OUNCE OF PREVENTION** is a quarterly newsletter that describes the county-wide youth drug prevention programs.

Contact: **Robin Pierson, Director of Prevention Center**
Phone: **916 366-2180**

San Bernadino County

Inservice for teachers that focuses on behavior disorders in the classroom and strategies for identifying at risk factors among drug exposed or drug using students is offered through the SAT program operated by Riverside County Office of Education.

San Diego County

The San Diego County Office of Education, through its Instructional Support Services Division, offers professional development training for working with drug exposed students. Saundra Uribe and Pat Fitzmorris offer a class titled "Drug Exposed Infants Become Students" to teachers, administrators and school support staff K through 12.

Contact: **Pat Fitzmorris - Phone: 619 569-5385**

The County Office of Education also operates the Hope Infant Development Program, a special education program for infants to three years. Many of their clients are drug exposed and the program has developed special services for these children.

Contact: **Virginia McDonald**
Director, Hope Infant Development Program
Phone: **619 292-3801**

Board of Supervisors

The San Diego County Board of Supervisors formed a task force to study problems of children and drugs called the San Diego Commission on Children and Youth, Drug and Alcohol Infants Task Force. The task force involved a multitude of agency representatives looking at different aspects of the problem. One sub group, the Committee on Services and Education for Drug and Alcohol Exposed Infants, was formed to study education services. The group sent surveys to all 43 school districts in the county to assess current services to drug exposed students. A report of their findings will be out in April describing services offered through agencies and schools for school aged children exposed to drugs.

Contact: **Anna Espana, Public Defenders Office**
Phone: **619 974-5700**

City Schools

The City Schools offer inservice for district personnel on classroom strategies for working with drug exposed students; identification and assessment of attention disorders; and outreach strategies for parents of drug exposed students. The April session dealing with these issues is titled "Children At Risk". One of the sessions will be offered by Dr. Clair Jones on "School Management Techniques for the Hard to Handle Child".

Contact: **Carolyn Morris, Director Student Services**
Phone: **619 298-8120**

San Francisco City and County

Because San Francisco is both the city and county, there are no distinctions between the two in education services. Special education at the city/county level has been responsible for the coordination of teacher inservice for high risk students - of which they consider one group to be those exposed prenatally to drugs. The district developed a pilot program three years ago for drug exposed preschool children eligible for special education. The program followed the Salvin School model and has developed practices that are appropriate for high risk children - regardless

of drug exposure. The program instructor provides inservice and seminars for teachers within the district's regular elementary schools.

Contact: **Barbara Tickle - Phone: 415 695-5660**
Claudia Simmons - Phone: 415 469-4051

San Mateo County

In San Mateo County, drug exposed youngsters are treated through specialized programs on a district-wide basis and according to individual need.

Contact: **Jay Parnes**
Assistant Superintendent for Special Education
Phone: **415 802-5460**

Ravenswood School District

Ravenswood School District operates the Parent Child Intervention Program (PCI). This early intervention program for drug exposed children and their mothers is funded with local and federal monies. In addition to a grant from the U.S. Department of Health and Human Services, Office of Substance Abuse and Prevention, the project is supported by the San Mateo County Child Protective Services and the San Mateo County Health Department. The PCI program works with drug exposed newborns and their mothers offering training in parenting skills for mothers and developmental programs for infants.

Contact: **Barbara Reubens, Director of Pupil Services at Ravenswood School District, East Palo Alto**
Phone: **415 329-2800**

Other Programs

Far West Laboratory

Training for preschool teachers, caregivers, parents, administrators and regular and special education teachers is offered through local education agencies contracting with FWL and Dr. FranCione Allen, Senior Research Associate with the Western Center for Drug Free Schools and Communities at Far West Laboratory. The Western Center offers support to schools that are developing school site planning teams and early intervention strategies for students prenatally exposed to drugs.

Contact: **FranCoine Allen - Phone: 415 331-5277**

March of Dimes

March of Dimes offers instructional and informational material on drug use prevention for classroom teachers and information on the fetal effects of drug and alcohol use. Speakers on prenatal exposure are also available for workshops and conferences through the March of Dimes.

Contact: **Ellie Journey - Phone: 415 468-7400**

National Association for Perinatal Addiction Research and Education (NAPARE)

NAPARE is a non-profit group that provides workshops, seminars, technical assistance and clinical services to teachers of all grade levels.

Contact: **National Association of Perinatal Addiction Research and Education**
Phone: **312 329-2512**

Publications and Written Resources

1. Center for the future of Children, the David and Lucile Packard Foundation. The Future of Children: Drug Exposed Infants. Vol. 1, No. 1, Spring, 1991. For a copy of the book, write the Foundation at 300 Second Street, Suite 102, Los Altos, CA 94022. This volume addresses issues related to drug exposed children including legal, public policy, medical, health and drug treatment - everything but education.

2. Los Angeles Unified School District. Today's Challenge: Teaching Strategies for Working with Young Children Pre-Natally Exposed to Drugs/Alcohol. A booklet published by the Division of Special Education, Pre-Natally Exposed to Drugs Program. July, 1989.

3. McKinney, Lora-Ellen and Sylvia Villarreal and Marcia Quackenbush. Handle With Care: Helping Children Prenatally Exposed to Drugs and Alcohol. ETR Associates, 1991. For book order forms, contact the Clearing House at 415 476-9691.

4. Odom-Winn, Danni; Dunagan, Dianne E. Crack* Kids in School: What To Do How To Do It. *Pervasively Developmentally Delayed. Educational Activities, Inc., Freeport NY. 1991

5. Paulsen, Marie. Schools Meet the Challenge: Educational Needs of Children Exposed to Drugs. Marie's book is currently being published by Resources in Special Education, RISE, and can be ordered by calling 916-641-5925. Publication date is scheduled for June, 1992.

6. Taylor, C. The House That Crack Built. A book of drawings and poetry by children prenatally exposed to drugs. Chronicle Publishing, San Francisco. Will be available from the publisher in April, 1992.

Appendix A

OSAP National Resource Center for the Prevention of Perinatal Abuse of Alcohol and Other Drugs

OSAP NATIONAL RESOURCE CENTER FOR THE PREVENTION OF PERINATAL ABUSE OF ALCOHOL AND OTHER DRUGS

9300 Lee Highway
Fairfax, VA 22031

The Office for Substance Abuse Prevention (OSAP) in conjunction with the Maternal and Child Health Bureau (MCHB) recently established a National Resource Center for the Prevention of Perinatal Abuse of Alcohol and Other Drugs that will serve as a national focal point to stimulate policy; disseminate new research findings; and provide information, training, and technical assistance to the field. Key components of the Center include:

- ***Policy Development***. *Expert groups will be convened to examine specific issues and advise OSAP on operations of the Center and on policy issues.*

- ***Community Team Training Institute and Other Training Programs***. *Multi-disciplinary community teams will be trained through an intensive five-day training program so teams can develop and implement innovative action plans for preventing perinatal abuse of alcohol and other drugs in their communities. Discipline specific workshops and training programs will also be supported.*

- ***Technical Assistance***. *A broad range of service providers including health care providers, substance abuse treatment programs, child welfare agencies and education programs will be offered on- and off-site technical assistance on a variety of professional, clinical, programmatic, and administrative issues.*

- ***Information and Referral***. *Professionals and program managers will be able to access up-to-date information on subjects related to maternal addiction, drug and alcohol exposed infants and children, and perinatal addiction programs, including information on model programs and activities in the field. Information and materials for the public will be compiled and disseminated in conjunction with other related national clearinghouses.*

- ***Communications***. *The Center will develop and distribute a Quarterly Newsletter, Annual Report on the Field, and hold an Annual Conference. Center users will also have on-line, user friendly computer access via modem to the Center's Information and Referral data base of information on activities, events, programs and research in the field.*

OSAP will be providing these services through a contract with Lewin/ICF in conjunction with the National Association of State Alcohol and Drug Abuse Directors (NASADAD), the National Perinatal Information Center, and UNISON Institute.

For more information, please contact our current information line at (703) 218-5600.

February 25, 1992

Appendix B

California Association of School Psychologists Position Paper

"Children Prenatally Exposed to Substances"

CALIFORNIA ASSOCIATION OF SCHOOL PSYCHOLOGISTS
180 El Camino Real, Suite 5, Millbrae, California 94030
FAX (415) 697-3919 • (415) 697-9672

CASP Position Paper

Children Prenatally Exposed to Substances

(Adopted in March, 1991)

Statement of the Problem

Current research suggests that our schools already contain significant numbers of children prenatally exposed to alcohol and other drugs. A 1988 report of a survey of 36 hospitals across the nation revealed that substance abuse was a factor in 11 percent of the births. Percentages ranged widely among the hospitals, depending on whether pregnant women and newborns were routinely assessed for substance exposure and on the monitoring procedures used. The proportion of mothers on public aid was not a factor in the percentage rates, indicating that prenatal substance exposure cuts across socioeconomic groups

There is a consensus that the number of affected children is growing. A majority of hospitals in a 1989 survey reported a three- to four-fold growth in the rate of drug exposed newborns since 1985. The first wave of major proportion is now beginning to impact preschool and primary classrooms throughout the state.

Like all children, these high risk youngsters are unique individuals with strengths as well as weaknesses. Their weaknesses may or may not impact educational growth. Some children are clearly impaired and eligible for special education, while others are successfully invisible in the mainstream. Regardless of placement, they will continue to impact support services.

School psychologists must address the issue of how to serve high risk children who do not qualify for special eduction. The challenge is in finding ways to prevent the high risk child from becoming the high risk adolescent with serious learning, social, and emotional problems.

Characteristics of the Children

Due to the increase in prenatal substance exposure, psychologists can expect to see more children with high risk characteristics. There is no typical profile of the child prenatally exposed to substances. The presence of any of the characteristics listed below does not establish that prenatal exposure to substances has occurred. It is not in the interest of the child, nor is there any educational need, to assume prenatal exposure to substances. These characteristics can also be observed in high risk children with no exposure to substances. Developmental variations occur with no known etiology.

Because high risk children often have poor ability to regulate internal states, they may be easily stressed by everyday occurrences, may react with behavioral extremes, and may have difficulty calming themselves or being calmed. They may be hypertensive and exhibit increased testing of limits through oppositional and defiant behavior. On the other hand, some children react by withdrawing, manifesting depressed affect and/or avoiding the activities of the program.

Absence of a stable and nurturing environment or a consistent parent figure can be associated with prenatal substance exposure. The following patterns are frequently seen when the bonding process is disrupted, whether that disruption is due to neurological or environmental factors.

Failure to form secure attachments to caregivers.

Acting out or withdrawn behavior.

Diminished eye contact and social responsiveness.

Decreased or absent stranger and separation anxiety.

Indiscriminate attachment to new people.

Aggressiveness.

Decreased compliance to verbal direction.

Decreased response to praise.

Decreased use of adults for solace and object attainment.

Decreased use of adults to gain recognition for accomplishments.

School Functioning

Areas of difficulty which may be demonstrated by high risk children in the classroom are:

Poor "on task" attention.

Overactivity.

Distractibility.

Lack of flexible problem solving skills.

Difficulty generalizing learning.

Inconsistent retention of mastered skills.

Poor quality of visual attending.

Daydreaming or "blanking out."

Visual perceptual difficulties.

Fine and gross motor problems.

Poor balance and clumsiness.

Delayed acquisition of words.

Poor articulation.

Word finding problems.

Language processing disorders.

Assessment Issues

Commonly used assessment procedures do not necessarily target the areas interfering with the child's learning. Psychologists must allocate time to assess the children in their natural environments if the extent of the problem behaviors is to be uncovered. A highly structured testing setting yields maximum functioning from these children but does not reflect how the youngster performs on a day to day basis.

The real world of multiple instructions and high sensory input is often met with aggression, withdrawal, or repetitive, disorganized play. Functional behaviors reflect the magnitude of the problems. High risk children evidence difficulty in using symbols, and in initiating, organizing, and sustaining symbolic play. They require careful examination in play observations, which will require an expansion of knowledge base for many psychologists.

It is hoped that the challenge of understanding the impact of social-emotional differences apparent among the increasing numbers of high risk children will inspire development of more refined assessment techniques. School psychology training programs will be challenged to provide more comprehensive grounding in normal early childhood cognitive and psychological development as well as developmental variation. School psychologists will be called upon to understand the impact of the child's environment and the needs of the family.

Use of clinical judgment skills, in addition to psychometric analysis, will be essential in assessment and in monitoring a child's progress. Thorough knowledge of developmental sequences will be critical in designing developmentally appropriate curriculum and consulting with staff.

Reporting Issues

Knowledge of background information and developmental history, which may include prenatal substance exposure data, can be useful in selecting assessment procedures. However, reporting prenatal exposure may affect acceptance of the child, as well as negatively impact parent-school collaboration. Competent practice requires careful evaluation of what information should be confidentially shared and with whom.

Educational Needs

Because of the diversity of their needs as well as for confidentiality reasons, children known or thought to be prenatally exposed to substances should not routinely be segregated into

classes based on that identification. However, children who demonstrate constellations of the above listed characteristics do need special consideration, regardless of etiology. Devising methods of assistance and determining appropriate educational interventions (which may or may not include formal evaluations) is a function of the Student Study Team.

Paramount in helping these children is provision of a safe, predictable, and stable environment which encourages positive social interactions. For example, children with self regulation problems experience ordinary events as stressors and react in a nonadaptive manner. Smaller groupings permit the adults to promote attachment and to provide nurturing and on-going assistance in learning appropriate coping skills. When there are firmly bonded relationships in an intimate setting, staff can anticipate the needs of children and respond appropriately. When the bonding process has begun in a given environment, the child may need more than one year with the same staff member to facilitate social growth.

Children need a regular period of time to talk about feelings and experiences. It is in an atmosphere of acceptance and validation that children can learn about their emotions and those of others, thereby growing both academically and socially.

A flexible room environment is important so that equipment can be removed to reduce stimuli or can be added as needed. High predictability through the use of rituals and routines, with a limited number of clearly defined choices, allows the children to anticipate events and consequences. Transition periods should be incorporated into the program as regular activities to develop tolerance for change of activity within the classroom.

A developmentally appropriate curriculum offers a firm foundation on which to build. The curriculum should encourage children in learning to organize their environment, to understand cause and effect relationships, and to use increasingly effective problem solving skills. Behavioral expectations need to match each child's behavioral maturity.

Rationale for Intervention

Early intervention is critical for the child prenatally exposed to substances. At risk characteristics occur long before school age. Due to prolonged immaturity of the central nervous system, these infants may exhibit behaviors that are different from non-risk babies. Interactive behaviors can be fewer, sporadic, and more muted than would be expected. When an infant responds in these ways, it can have a devastating effect on attachment. A poorly bonded child will have an overall decrease in the use of significant adults as reliable sources of comfort and conversational partnership. When basic human needs are unsatisfied, home environments are chaotic, or multiple placements exacerbate the situation, the child grows to preschool age significantly unprepared for subsequent developmental stages.

Clearly, school psychologists must refine their skills in assessing social-emotional status and concomitant needs when developing intervention strategies with this high risk population.

Affective interventions in the home and school can make a critical difference. Behavioral

extremes, low tolerance for change, difficulty in reading social cues, difficulties with relationships, and constant testing of limits must be addressed if the high risk child is to succeed in school.

Interagency coordination is imperative to ensure that needed services and transition plans are available to each high risk child and family from infancy. Search and serve efforts are critical to initiate early intervention, as are cooperative efforts with other agencies and local resources serving preschoolers.

The high risk behaviors seen in this population are seen in other youngsters with developmental differences. It is unnecessary and often impossible to know whether a child with these characteristics has been prenatally exposed to substances. Understanding and attempting to design remediation strategies for children with these behavior patterns enables us to better serve all special needs of children. Psychologists must advocate vigorously on behalf of early intervention for high risk children. Delaying services is ultimately more costly for districts and potentially tragic for the individual high risk child.

Summary

1. Children prenatally exposed to substances do not necessarily qualify for special education, yet may have characteristics which significantly affect their functioning.

2. School psychologists must address the issue of how to serve at risk children, including those who do not qualify for special education.

3. Characteristics associated with prenatal substance exposure are also observed in children with no exposure and are not sufficient to establish that exposure occurred.

4. Psychologists must enhance their skills in play observation, their understanding of normal and typical development in young children, and their understanding of behavior related to inadequate bonding.

5. The privacy of children and their families regarding possible prenatal substance exposure should be protected by careful evaluation of whether such information needs to be shared and with whom.

6. As with other children, those who have been prenatally substance exposed should not be labeled or placed based on the etiology of their learning and behavioral characteristics.

7. Psychologists must advocate strongly for early intervention of high risk children.

REFERENCES

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Los Angeles Unified School District. *Today's challenge: Teaching strategies for working with young children at risk due to prenatal substance exposure.* (July, 1990).

National Association for Perinatal Addiction Research and Education. Innocent Addicts: High rate of prenatal drug abuse found. *ADAMHA News.* (October, 1989).

Poulsen, M.K. *Perinatal Substance Abuse: Social Policy and Service Delivery Issues.* (December, 1989).

Select Committee Hearing on Children, Youth and Families. (1989) *Addicted Infants and Their Mothers*. Washington, D.C.

State of Florida, Department of Education, Office of Policy Research and Improvement. *Cocaine Babies: Florida's Substance-Exposed Youth. Hot Topics: Useable Research.*

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Appendix C

The Special Education Innovation Institute

SEII History

The Special Education Innovation Institute has been offering courses in California since 1983. For the first three years of the Institute, support for participation in the courses came from a federal grant. The Institute was then known as the Special Education Summer Institute and was coordinated by Penni Todd and Jeff Cohen of the California Department of Education. The Institute courses were offered in northern California only for two weeks each summer.

Beginning in the summer of 1986, the Institute became largely self-supporting through registration fees paid by participants, their employing agencies, or by co-sponsors of specific sessions. The federal grant had stopped and the California Department of Education decided to continue the Institute. The Institute expanded to four weeks of courses each summer, two in northern California and now two weeks in southern California. The Institute was staffed by Steve Johnson, Director, and Barbara Seifried, Administrative Assistant, and by others working during specific sessions.

In 1988 the Institute added several sessions in the spring in various locations in California. In 1989 the number of courses offered during the spring sessions tripled. These courses received positive participation and were evaluated as very successful.

In 1990 Christopher Watson was added to the staff in the position of Coordinator as a transition to becoming Director of the Institute this year. Barbara Seifried continues as Administrative Assistant for the program. SEII is a year-round program now, offering courses fall, winter, spring and summer in cities throughout the state.

The Institute continues to provide quality learning opportunities for those who are interested and involved with educating children and youth who have exceptional needs.

Selection of Institute Courses

The courses offered through the Special Education Innovation Institute are selected with input from the Director and staff of the Special Education Division of the California Department of Education and members of the Comprehensive System of Personnel Development Advisory Committee.

The following are used as guidelines in considering topics for the Institute:

1. Responses from participants in previous sessions of SEII.
2. Responses to requests published in Special EDge and on Special Net.
3. Responses to mailed surveys.
4. Inspection and analysis of topics stated in staff development fund applications.
5. Review of special education programs and requirements.
6. Review of State needs assessment data.
7. Consistency with and support of Special Education Division and Specialized Programs Branch goals and objectives.
8. Advice of Comprehensive System of Personnel Development Advisory Committee.
9. Requests from and cooperative efforts with various professional organizations, parents, groups, and other agencies.

Suggestions for topics, courses, speakers, and locations are always welcomed by the SEII staff.

SED Students - Maximizing Achievement and Minimizing Crises

Presenter: Ken Traupmann, Ph.D., Director of The Institute for Effective Education
For More Information: Ken Traupmann 619/233-4759

This is a "how to" course on successful programmming for students with severe behavior and/or emotional problems. It presents research-validated strategies that can be implemented immediately. You will learn: how to implement effective instructional practices; the importance of a school discipline plan; how to teach common classroom procedures; strategies of classroom discipline that emphasize positive peer interaction and self management; and how to manage crises.

TRIBES Training

*This is a 2 1/2 day training Course meets Fri. & Sat. 8-5 & Sun. 8-1.

Presenter: LuNel LeMieux, TRIBES Trainer, Center for Human Development
For More Information: LuNel LeMieux 213/821-1975

TRIBES capitalizes on the desire for peer interaction by utilizing small cooperative learning groups to teach communication skills, responsible decision making, problem solving, curriculum content, and to achieve collaborative classroom management. It allows for more effective teaching of any curricula. You will experience the TRIBES process with your peers, understand the theory behind the program and learn to facilitate it for others.

"This was outstanding. I am excited to get back into my classroom and try it." "LuNel has a 'natural gift' of presentation skills." -1991 Participants

SIM Training

Presenter: Cynthia Hurley, SIM Trainer and Consultant, Dimensions
For More Information: Cindy Hurley 805/861-9161

The Strategies Intervention Model (SIM) training supports the successful integration of adolescent students in general education programs. The student at risk or in special education programs can learn the tools to foster independence and the ability to learn. Please call Cindy or the Institute office at 916/641-5855 for additional information about this course (which strategies will be presented, etc.).

Whole Language and the Speech and Language Specialist

Presenter: Judy Montgomery, Ph.D., Director of Special Education, Fountain Valley School District
For More Information: Judy Montgomery 714/843-3280

This is an exciting course loaded with up-to-the-minute information. The basics of whole language will be presented (including various models and instructional strategies - with sample lessons). We will address the question: "How can LSH specialists support students and teachers in the regular classroom?" Learn how to modify language arts programs for students with learning disabilities and language delays and other students at risk.

Strategies for Challenged Parents

Presenter: Pat Leeniak, Consultant, Collaboration Associates
For More Information: Pat Leeniak 415/682-9296

This interactive course offers practical information to help parents negotiate the special education/special services maze. Course content will include special education law, parents rights and responsibilities, how to be an effective case manager, communication skills, stress management, and how parent/professional collaboration can work for you and your child.

"Class was absolutely great! The instructor was well informed and adaptable to meeting individual needs. Class was lively and a lot of fun" "Great experience. Many, many good ideas presented in an interesting format." 1991 "Creating Positive Change" Participants

Young Children Prenatally Exposed to Drugs

Presenter: Carol Cole, M.A., Los Angeles Unified School District
For More Information: Carol Cole 213/515-3080

This course is co-sponsored by the University Affiliated Program at Childrens Hospital, Los Angeles.

Focus on teaching strategies for children 3 to 8 years of age who have been prenatally exposed to drugs and/or alcohol. We will look at the unique charactenstics of these children, emphasizing practical classroom interventions. An overall philosophy which considers the whole child in the context of family and the family in the context of community will be stressed.

"Carol is articulate and well prepared." "Multi-disciplinary approach and resources." "Relevant and up-to-date. Geared to those of us on the 'firing lines' where the action is." - 1991 Participants

The Special Education Innovation Institute is a special project of the California Department of Education funded through an interagency agreement with California State University, Sacramento. The Comprehensive System of Personnel Development Advisory Committee (CSPDAC) provides input for the Institute.

SPECIAL EDUCATION INNOVATION INSTITUTE

Christopher Watson ..... Director
Barbara Seifried ..... Administrative Assistant
Barbara Thalacker ..... Liaison, California Department of Education
Michael J. Lewis ..... CSUS, Project Coordinator

Appendix D

California's 21 Regional Centers

ASSOCIATION OF REGIONAL CENTER AGENCIES
428 J Street, Suite 431
Sacramento, California 95814
916 446 7961
Fax 916 446 6912

THE ASSOCIATION OF REGIONAL CENTER AGENCIES

ARCA

The Association of Regional Center Agencies (ARCA) is the state association for California's 21 regional centers. Incorporated in 1979, ARCA serves as the primary representative for regional centers regarding statewide policy and contractual and fiscal issues, and provides a forum for information exchange and education. ARCA works closely with numerous developmental disability organizations to ensure a strong unified voice for California's developmentally disabled population. ARCA staff monitors legislation that will affect persons with developmental disabilities and actively works to ensure the passage of needed reform.

REGIONAL CENTERS

ALTA CALIFORNIA
Sacramento

CENTRAL VALLEY
Fresno

DEVELOPMENTAL DISABILITIES
Orange

EAST BAY
Oakland

EASTERN LOS ANGELES
Los Angeles

FAR NORTHERN
Redding

GOLDEN GATE
San Francisco

HARBOR
Torrance

INLAND
San Bernardino

KERN
Bakersfield

LANTERMAN
Los Angeles

NORTH BAY
Napa

NORTH LOS ANGELES COUNTY
Pacoima

REDWOOD COAST
Eureka

SAN ANDREAS
Campbell

SAN DIEGO

SAN GABRIEL POMONA
Covina

SOUTH CENTRAL LOS ANGELES
Los Angeles

TRI COUNTIES
Santa Barbara

VALLEY MOUNTAIN
Stockton

WESTSIDE

REGIONAL CENTERS

The 21 regional centers in California are private, nonprofit organizations which contract annually with the Department of Developmental Services (DDS) to provide services to clients, regardless of age or income. As local entry points into the developmental services system, the regional centers provide intake, assessment, diagnosis, and counseling and will assist in obtaining the needed services once eligibility criteria are met. Upon completion of a diagnostic evaluation and eligibility determination, services are selected for each client, the amount and level depend upon individual need. Regional center staff then assist the client in obtaining the identified services. Regional center services may include:

- **Medical and dental care**
- **Education**
- **Recreation planning**
- **Vocational planning**
- **Day care**
- **Behavior modification**
- **Residential care**
- **Respite services**
- **Occupational therapy**
- **Physical therapy**

OTHER REGIONAL CENTER ACTIVITIES

- **Individual program planning**
- **Counseling**
- **Court-ordered evaluations**
- **Guardianship services**
- **Advocacy**
- **Community education/ resource development**
- **Developmental center admission/discharge**

PREVENTION SERVICES

In recognition of the fact that up to 50 percent of mental retardation and other developmental disabilities or birth defects can be prevented, DDS has funded specialized prevention staff at each regional center. They identify and provide prevention services to families at high risk of having children with handicaps. Services include genetic screening, prenatal and other genetic and diagnostic procedures, and outreach to high-risk participants. Early intervention services provide assessment and appropriate information, counseling, and support to parents of at-risk infants from birth to three years. Respite and other in-home support services may be available to assist families in keeping the child at home. More than 10,000 infants and adults will receive some type of prevention assistance through the regional center system this year.

BEST COPY AVAILABLE

Alta California Regional Center
2031 Howe Avenue, Suite 100
Sacramento, CA 95825
916/924-0400

Developmental Disabilities Center
Serving Orange County
500 South Main Street
Orange, CA 92668
714/973-1999

Far Northern Regional Center
1900 Churn Creek Road, Suite 319
Redding, CA 96002
916/222-4791

Harbor Regional Center
21231 Hawthorne Boulevard
Torrance, CA 90503
213/540-1711

Kern Regional Center
501 - 40th Street
Bakersfield, CA 93301
805/327-8531

North Bay Regional Center
1710 Soscol Avenue
Napa, CA 94559-1387
707/252-0444

Redwood Coast Regional Center
808 - E Street
Eureka, CA 95501
707/445-0893

San Andreas Regional Center
300 Orchard City Drive, Suite 170
Campbell, CA 95008
408/374-9960

San Gabriel/Pomona Regional Center
1521 West Cameron
West Covina, CA 91790
818/814-8811

Tri-Counties Regional Center
5464 Carpinteria Avenue, Suite B
Carpinteria, CA 93013
805/684-1204

Central Valley Regional Center
5168 North Blythe
Fresno, CA 93722
209/276-4300

Eastern Los Angeles Regional Center
3845 Selig Place
Los Angeles, CA 90031
213/224-4700

Golden Gate Regional Center
120 Howard Street, 3rd Floor
San Francisco, CA 94105
415/546-9222

Inland Regional Center
1020 Cooley Drive
Colton, CA 92324
714/370-0902

Lanterman Regional Center
3440 Wilshire Boulevard, Suite 400
Los Angeles, CA 90010
213/383-1300

North Los Angeles County
Regional Center
8353 Sepulveda Boulevard
Sepulveda, CA 91343
818/891-0920

Regional Center of the East Bay
2201 Broadway, 5th Floor
Oakland, CA 94612
415/451-7232

San Diego Regional Center
4355 Ruffin Road
San Diego, CA 92123
619/576-2996

South Central Los Angeles
Regional Center
2160 West Adams Boulevard
Los Angeles, CA 90018
213/734-1884

Valley Mountain Regional Center
7210 Murray Drive
Stockton, CA 95210
209/473-0951

Westside Regional Center
5901 Green Valley Circle, 3rd Floor
Culver City, CA 90230
213/337-1155

Appendix E

California's Critical Need for Services

for Drug-Exposed Infants and Their Care Providers

CALIFORNIA'S CRITICAL NEED FOR SERVICES FOR DRUG-EXPOSED INFANTS AND THEIR CARE PROVIDERS

1989 Position Statement Developed Jointly By the Infant Development Association of California, the Perinatal Substance Abuse Council of Los Angeles, and the California First Chance Consortium

PROBLEM

California, like many other states, is experiencing a rapidly accelerating incidence of newborns exposed prenatally to illicit drugs and alcohol. This incidence has been documented to be as high as 15% to 25% or more of births in a growing number of communities. Drug exposed infants have problems which significantly impact California's service delivery systems and which pose staggering costs to society in both fiscal and human terms. Among these are birth problems, including a 30-40% rate of premature delivery with cocaine use prenatally, intrauterine growth retardation and neurological damage. Such perinatal problems are resulting in significant increases in the number of newborns requiring hospitalization in Neonatal Intensive Care Units.

Health and behavioral problems related to prenatal drug exposure continue in the first years of life of these infants. Many drug exposed infants are characterized by irritability, feeding and sleep difficulties, impaired sensory responsivity, motor problems and other behavioral problems which require intensive caregiving. If returned to their natural parents, these psychological and behavioral problems frequently are compounded by parental inability to provide consistent care. Many drug exposed infants released home initially are subsequently removed due to neglect and abuse. For those infants placed in foster care or with extended family, difficulty of care often results in multiple subsequent placements. Multiple placements in turn result in impairment to the process of attachment to significant adults which is critical to subsequent emotional, cognitive and linguistic development in the infant.

Long term developmental outcomes of prenatal drug exposure have not yet been studied adequately. Conclusions about the effects of drug exposure are unavoidably confounded by the environmental and medical risk factors just described. Current clinical and longitudinal follow up data point toward worrisome continuing developmental, emotional, language and behavioral problems, and subsequent learning problems, which put these children at very high risk for subsequent educational and social failure.

Fiscal costs are as significant as human costs. The costs of NICU care are an unanticipated burden on California's health care system. Foster care placement and related child welfare system costs are straining county resources to their limits. A steadily increasing number of these children are requiring expensive special education services as well.

APPROACH

Our organizations believe it is essential that California move quickly to develop early identification, health care and intervention services for these infants and their parents, and for related caregiving systems of extended family and foster care providers. Pregnancy and infancy are critical periods not only in the life of the infant but also in the accessibility of the parent to supportive interventions.

We believe that substance abuse should be seen as a chronic and progressive disease, which often also reflects symptoms of underlying family and social problems. We are opposed to criminalization and punitive measures against parents because we believe they will reduce families accessing prenatal cairo early intervention, with the resulting worsening of outcomes for these infants. Recovery from chemical dependency should be seen as a process which requires coordinated supportive services to be successful.

Priority should be given to services which keep the infant and family together to the extent possible while assuring the safety and well-being of the infant. Preliminary statewide data on the service needs of drug exposed infants has been requested by the Legislature as part of California's participation in the planning process of Part H of the Education of the Handicapped Act. We urge the continued inclusion of services to drug exposed infants in the planning process. Since needed services are fragmented or non-existent, legislative action, interagency coordination and funding are all essential components in the resolution of this problem.

RECOMMENDATIONS

The comprehensive recommendations which follow are intended to provide a framework for the development of effective identification, prevention and early intervention approaches to prenatal drug exposure.

I. **Coordinated Social Policy**

1. Authorize an interagency and interdisciplinary task force, which includes public and private service providers, to study the impact on services of current policies on funding, eligibility criteria and licensing requirements.

II. **Cost/Benefit Analysis**

1. Authorize a study of costs and benefits which compares existing and proposed treatment models.

III. **Education and Outreach**

1. Develop and mandate preventive education beginning in the elementary schools about the effects of drug use during pregnancy and the risk of HIV infection.

2. Develop outreach programs for health care agencies and physicians to encourage identification and referral of pregnant women with substance abuse problems.

3. Develop community based linkages for identification and referral for treatment of pregnant women with substance abuse problems.

4. Develop education materials for professionals and the general population.

IV. **Prenatal Services**

1. Develop guidelines for history taking and screening procedures which will identify substance abuse as consistently and as early as possible.

2. Provide routine education of pregnant women about dangers of drug, alcohol and tobacco use during pregnancy.

3. Expedite prenatal care for women with identified substance abuse problems. Currently delays in availability of prenatal care are serious in light od increased risk of premature delivery.

4. Develop the following prenatal care services for substance abusing pregnant women:

* Drug treatment services and psychological support services for all key family members.

* Parent support systems including peer support groups and a 24 hour hotline for pregnant women trying to stay off drugs.

* Residential treatment programs for pregnant women with options available for full-time or part-time residence of children.

* Resources for homeless and battered women, including health care.

* Comprehensive outpatient treatment programs for women who are pregnant and/or have children.

5. Develop adequate prenatal drug treatment coverage by Medi-Cal.

V. **NEONATAL SERVICES**

1. Develop drug and developmental screening protocols for testing newborns for use in all health settings.

2. Extend Medi-Cal reimbursement for multiple screenings and follow-up of infants with positive drug screenings.

3. Develop follow up programs for drug exposed infants beginning at or prior to discharge. The follow up service system must incorporate community based programs as well as specialized services for premature and medically high risk infants.

4. The service system must give priority and resources to keeping infant and family together while protecting the health and safety of the infant. This requires close interagency coordination and identification at discharge.

5. The foster care placement system is overwhelmed and needs additional resources and requirements to meet the needs of drug exposed infants:

* adequate reimbursement for care of high risk infants

* placement of infants in settings which maximize individual care to meet the infant's special needs

* training, support and respite care resources for foster care providers (including extended natural family)

* expedited placement to reduce unnecessary hospitalization

VI. **SERVICE SYSTEM/CASE MANAGEMENT**

1. to be effective, the service delivery system for drug exposed infants and their care providers must be family oriented and must include:

* Continuity of services through and beyond perinatal period to three years of age, with services extended from three to five years as needed.

* A local continuum of service s to meet individual infant/family needs which will include residential and non-residential family focused services available to birth family, foster family, and extended family.

* Hybrid service delivery models which integrate components of existing drug and alcohol programs, early intervention programs and other service systems.

* Comprehensive service options which make available in central sites health care services, family planning, parenting education, psychosocial supports, job training, substance abuse counseling, nutritional counseling, respite, early intervention, transportation and other essential services.

* Services which promote and support the parent's capability to be a good parent.

* Ecologically based service models which address geographical, cultural, ethnic, linguistic, and economic realities of different communities

* A system that meets the cultural and language needs of the families

* Opportunities for peer support.

* Coordinated service systems rather than uncoordinated interventions by many different professionals.

* Appropriate guidelines for caseload size which can meet the intensive needs of these infants and families.

* Funding for innovative service delivery model development and for evaluation of services and models.

2. To be effective, the **case management system** for drug exposed infants and their care providers must include:

* Lead agency in each community (which maybe different from community to community) in the coordination of local service options.

* Funding for interagency joint case management procedures.

* Longitudinal tracking and data collection systems.

3. Drug exposed infants with contributing infant and family risk factors should be eligible for **early intervention services**. Prematurity is a significant contributing risk factor. Early intervention services should include:

* developmental/behavioral monitoring

* development of family focussed assessment procedures which evaluate behavioral, affective, motor, language, attachment and social problems beginning in infancy.

* augmented mental health and social work staff and services.

* expanded infant mental health service models which focus on behavioral and affective needs of the infant and parent-infant interaction.

* eligibility criteria which do not label the infant as handicapped or delayed in order to obtain services.

*eligibility criteria which do not label the infant as drug expose din order to obtain services but instead include them in the larger "at risk" category.

VII. TRAINING/STAFF SUPPORT

1. Develop interagency and interdisciplinary training programs which include CPS, social services, corrections, drug and alcohol treatment, health care, mental health, and early intervention service providers.

2. Develop professional guidelines, qualifications and supervision pertinent to work with infants/families at risk

3. Develop staff support methods to reduce burnout and turnover.

For further information contact:

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Marie Poulsen — Chair, Perinatal Substance Abuse Council of Los Angeles County Committee (213) 669-2300

Ann Carr — Chair, California First Chance Consortium (916) 442-4601

Appendix F

Resources from the Clearinghouse for Drug Exposed Children

The Clearinghouse for Drug Exposed Children

Resources

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1. Agency for Infant Development , 43100 Isle Royal, Fremont (510) 656-3949
2. Armstrong High School , 797 Santa Margarita Avenue, Millbrae
88. Burnett Nursery and School , 1520 Oakdale Ave, San Francisco (415) 695-5660
269. Chemical Dependency & Pregnancy Project , 225 West 37th Avenue, San Mateo (415) 573-3942
58. Child Abuse Prevention Program , 1757 Waller Street, San Francisco (415) 441-KIDS
83. Clearinghouse on Disability Information , Switzer Building, Room 3132, Washington
22. Family Stress Center , 2086 Commerce Avenue, Concord
166. Glide Memorial Church , 330 Ellis Street, San Francisco (415) 771-6300
32. Lekotek /Easter Seals , 6221 Geary Boulevard, San Francisco (415) 752-4888
59. Marina Conseling Center , 2137 Lombard Street, San Francisco (415) 563-2137
81. National Clearinghouse for Alchl & Drug Info. , P.O. Box 2345, Rockville (301) 468-2600
39. Parent Infant Neighborhood Center, Inc. , One Bannecker Way, #1B, San Francisco (415) 621-4786
158. Parent Infant Program (PIP) , 13201 San Pablo Avenue, Richmond
61. Parent's Place , 3272 California Street, San Francisco (415) 563-1041
82. Planetree Health Resource Center , 2040 Webster St., San Francisco (415) 923-3680
159. Preschool Consultation Teams , 2801 Robert Miller Drive, Richmond (510) 233-6438
57. SF Child Abuse Prevention Center , 1757 Waller, San Francisco (415) 668-0494
44. SF Waldorf School , 2938 Washington Street, San Francisco
231. Tenderloin Community Children's Center , 302 Eddy Street, San Francisco
205. Family Stress Center, Barbara Applegate, 2086 Commerce Avenue, Pleasant Hill (415) 827-0212
175. Steps for Kids, Amy Bamforth, 818 Harrison Avenue, T214, Boston (617) 534-4235
179. Chinatown Youth Center, Jerome Beck, 1693 Polk Street, San Francisco (415) 775-2636
45. San Francisco Educational Services, Garry Bierringer, 2660 San Bruno Avenue, San Francisco (415) 468-7055
155. The Children's Place, Nita Brewer, 2309 Ponce de Leon, West Palm Beach (407) 832-6185
52. USF Family and School Counseling Program, John Van Hagen Brian Gerrard, 221 Valley Street, San Francisco (415) 666-2137
6. Bayview-Hunter's Point Center Foundation, Nancy Carruthers, 6025 Third Street, San Francisco (415) 822-6727
295. Teens Kick Off (TKO), Jeanne Casey, 500 7th Avenue, #3, San Francisco (415) 668-4664
41. Pomeroy House (Wm's Alcoholism Center), Rhonda Ceccato, 2261 Bryant, San Francisco (415) 282-8900
86. Fragile Infant Special Care Program/DSS, Marion Collins, 170 Otis Street, San Francisco (415) 557-5000
226. We Care Day Treatment Center, Glenis Cowdery, 2191 Kirker Pass Road, Concord (415) 671-0777
62. Gracecenter, Leslie Davis, 503 Cambridge St., San Francisco (415) 337-1938
16. Division of Behavioral Pediatrics, Joanne Demming, 400 Parnassuss, Room A203, San Francisco (415)476-1776
47. Special Infant Services/Louise Lombard School, Janet Deppe, 700 Font Street, San Francisco (415) 469-0448
121. Washoe County School District, Susan Doctor, 14101 Old Virginia, Reno (702) 851-5640
148. Parent Education Network, Barbara Elum, 2500 Zanella Way, Suite B, Chico (916) 893-0391
142. Chemical Dependency Family Treatment, Lawrence Gentile, 15519 Crenshaw Boulevard, Gardena
38. PPMC/Division of Child Dev/ Dev Disabilities, Suzanne Giraudo, 2340 Clay Street, 3rd Floor, San Francisco (415) 923-3477
42. Regional Center/East Bay, Alicia Goldstein, 2201 Broadway, Oakland
173. Assoc. for the Care of Children's Health, Ruth C. Harley, 7910 Woodmont Avenue, Suite 300, Bethesda
19. FACET, Barbara Higgins, 1040 Geary St., San Francisco (415) 928-7800
224. Bayo Vista Tiny Tots Nursery School, Inc., Patricia Hilliard, #2 California Street, Rodeo (415) 799-4219
28. IRIS Project, Nehoma Hirdler, 333 Valencia Street, Suite 222, San Francisco (415) 864-2364
103. Marin Services for Women, Andrea Hobart, P.O. Box 602, Larkspur (415) 924-5995

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The Clearinghouse for Drug Exposed Children

Resources

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40. Catholic Charities, Gwen Johnson, 1049 Market Street, Suite 200, San Francisco (415) 864-7400
63. Fannie Lou Hammer Program, Johnetta Johnson, 741 Valencia, San Francisco (415) 252-5940
292. Community Health Awareness Council (CHAC), Betty Jones, 711 Church Street , P.O. Box 335, Mountain View (415) 965-2020
139. Center for Youth Services, Barbara Karr, 17011 Meridien N., Seattle (206) 546-2411
21. Family Developmental Center, Laurel Kloomok, 2730 Bryant Street, San Francisco (415) 282-1090
197. UCLA Infant & Family Services Project, Vickie Kropenske, 1000 Veteran Ave, 23-10 Rehab Center, Los Angeles (213) 825-9527
185. Lynn Day Treatment Center, Elree Langford, 950 El Pueblo Avenue, Pittsburg (415) 439-7516
201. Napa Infant Program, Keeta Lewis, 1015 Kaiser Road, Napa (707) 253-6914
4. Assoc. of Chinese Families of the Disabled, Nancy Lim-Yee, 615 Grant Avenue, 2nd Floor, San Francisco (415) 392-4453
138. NAPARE, Nancy Lodl, 11 E. Hubbard Street, Suite 200, Chicago (312) 329-9131
30. LaMel Children's Center, LaVonne Lomba, 1810 Bush Street, San Francisco (415) 931-1972
56. Youth Aware, Bernadine Luckey, 1049 Market Street, Suite 507, San Francisco (415) 861-4000
192. Great Expectations, Marilyn Mattioda-Peck, UCSF Department of Pediatrics, Box 0326, San Francisco (415) 476-6667
127. Interchange, Elaine Miller-Karas, 1250 Aviation Ave., Suite 250S, San Jose (408) 971-9350
225. Regional Center of the Easy Bay, Tom Morioka, 1800 Sutter, Suite 100, Concord (415) 798-3001
210. Inner City Outpatient Services, Charles Pegues, 1049 Market Street-Mezzanine, San Francisco (415) 552-6601
196. Focus Project, Bobbie Rasmussen, 1000 Veteran Ave, 23-10 Rehab Center, Los Angeles (213) 825-4821
178. AIDS & Substance Abuse Prg./AIDS Health Proj., Yolanda Ronguillo, 1001 Potrero Ave., Ward 92, SFGH, San Francisco
136. Families First, Melene Smith, 180 E. Leland, Pittsburg (510) 427-9080
100. Intergenerational Programming, Zakiyah Somburu, 300 Lakeside Drive, Suite 1045, Oakland (415) 273-3121
20. Family Literacy Program, Shelley Sorenson, Public Library/Civic Center, San Francisco (415) 621-7323
51. The Center of CARE, Nika St. Claire, Children's Hospital, 747 52nd St.,, Oakland (510) 428-3738
101. Burnette Children's Center, Barbara Tickle, 1520 Oakdale Avenue, San Francisco (415) 695-5918
36. No. of Market Child Development Center, Jade Travers, 177 Golden Gate Avenue, San Francisco (415) 863-0811
25. Grandparents Who Care/SFGH, Sue Trupin, SFGH, 1001 Potrero, San Francisco (415) 821-8494
75. Projecto Ayuda, Jessie Valencia, 2639-24th Street, San Francisco
66. Aviva House, Brigette Washington, 1724 Bryant Street, San Fransisco (415) 431-4404
110. San Jose State U/ School of Education, Dave Weller, 1 Washington Square, San Jose (408) 924-1356
194. George Miller Centers, Beth White, 3020 Grand Street, Concord (415) 646-5710

Presentation Overheads

WHAT RESEARCH TELLS US ABOUT PRENATALLY DRUG-EXPOSED CHILDREN

- Many of these children are poly drug exposed and thus, it is difficult to determine if behavior or learning problems are a result of crack or cocaine or any singular source.

- Behavior and learning difficulties are quite different for each child and can change over time or with treatment and support. There is no typical profile for prenatal drug exposure.

- Special Education is not necessarily an appropriate placement for a prenatal drug exposed child.

- Many prenatal drug exposed children are testing "normal" on structured tests. However, they do show developmental delays and behavior problems - distractibility, attention problems, temper tantrums, language delays and organizational problems.

- Many of these children have difficulty changing from one activity to another or with situations that generate frustration.

WHAT WE HAVE LEARNED
BY LOOKING AT CALIFORNIA'S SERVICES
FOR CLASSROOM TEACHERS

- The State Department of Education and State health agencies have not taken a leadership role in preparing teachers to work with prenatal drug exposed school children.

- Services are fragmented and not well-coordinated among health and education agencies - this includes referrals as well as teacher training.

- Some school districts and/or county offices are providing help for teachers, others expect teachers to find help independently.

WHAT SERVICES DO CALIFORNIA SCHOOLS PROVIDE PRENATAL DRUG EXPOSED SCHOOL CHILDREN

- Some schools are providing special pull out programs
- Others assign children to special education
- Most schools serve these children in the regular classroom - with or without special training for classroom teachers

HOW CAN WE HELP CLASSROOM TEACHERS?

What can be done to help regular classroom teachers serve prenatal drug exposed children and still manage a full class?

- Preschool programs staffed with teachers trained to work with special needs children
- Transition programs from preschool to elementary school that involve both child and parent in the new setting
- Training for classroom teachers in recognizing and managing student behaviors that may interfere with learning
- University support through research, program development and training.

18 Commercial Blvd. Novato, CA 94949 (415) 883-0122 Fax 883-0260

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